

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			-14-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		9-22-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	7/15/05
2	✓	✓	7/23/05
3	✓	✓	7/23/05
4	✓	✓	7/23/05
5	✓	✓	7/23/05
6	✓	✓	7/23/05
7	✓	✓	7/23/05
8	✓	✓	7/23/05
9	✓	✓	7/23/05
10	✓	✓	7/23/05
11	✓	✓	7/23/05
12	✓	✓	7/23/05
13	✓	✓	7/23/05
14	✓	✓	7/23/05
15	✓	✓	7/23/05
16	✓	✓	7/23/05
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46	✓	✓	7/23/05
47	✓	✓	7/23/05
48	✓	✓	7/23/05
49	✓	✓	7/23/05
50	✓	✓	7/23/05

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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